RESIDENT ACT OF 1896, no princes are required to respond to a princetion of information unbest a displayer a valid CMB control number. U.S. Potent and Tredement Office: U.S. DEPARTMENT OF COMBERCE PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 Application or Doctor Effective December 8, 2004 APPLICATION AS FILED - PART I (Column 1) (Column 2) OTHER THAN SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED BASIC FEE DI CFR I INU IM O ICII NUMBER EXTRA RATE (1) FEE (1) NA RATE 4 SEARCHFEE N/A NIA 150.00 137 CFR 1 10(N M. or lov) ŃА N/A 300.00 N/A EXAMINATION FEE NIA \$250 (37 CFR 1 18(a) (0), or fall NIA N/A \$600 NA TOTAL CLAIMS NA \$100 (37 OFR 1 16(9) NA \$200 minus 20 . INDEPENDENT QUAIMS X\$ 25 (37 CFR 1 16(N)) X\$50 OR X100 if the specification and drawings exceed 100 X200 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each (37 CFR 1 16(4)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a) MULTIPLE DEPENDENT CLAIM PRESENT OF CFR 1 16(1) +180= ' If the difference in column 1 is less than zero, enter "O" in column 2. +360= TOTAL APPUCATION AS AMENDED - PART II TOTAL (Column 2) (Column 3): OTHER THAN CLAIMS SMALL ENTITY OR HIGHEST SMALL ENTITY REMAINING NUMBER PREVIOUSLY PRESENT AFTER RATE (S) ADDI-AMENDMENT EXTRA RATE(\$) PAID FOR TIONAL ADDI-FOOL INC Minus FEE (S) TIONAL Æ FEE m Independent D7 CFR 1.16(h) X\$ 25 Minue X\$50 OR Application Size Fee (37 CFR 1.16(s)) X100 X200 OR FRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM GF CFR 1.16(B) +180= +360= OR TOTAL ADO'L PEE TOTAL OR ADD'L FEE (Column 1) CLAIMS REMAINING (Column 2) (Column 3) HIGHEST NUMBER AFTER. MENDMENT PRESENT **AMENDMENT** RATE (1) PREVIOUSLY ADD: EXTRA RATE (\$) PAID FOR TIONAL Total CHOCK UCC. Minus FEE (5) FIONAL EE (S) X\$ 25 OTOFR LUCAN X\$50 OR Application Size Fee (37 CFR 1.16(s)) X100 X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (G7 CFR 1,140) +180= +360= DR TOTAL

* If the entry in column 1 is less than the entry in column 2, write "o" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2".

The Tighest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1, is collection of information is required to obtain or retain a benefit by the public yields is to file (and by the Pathon of the public yields is governed by 35 U.S.O. \$22 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent awang gamering, preparing, and summing the completed apparation form to the USPFO. Time was very depending upon time manyouse case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Infermation Officer, U.S. Petent 1 Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS. SEND TO: Commission of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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